

2010 State & Local Public Policy Priorities

OBESITY PREVENTION

Quality physical activity and strong nutrition policies, programs and further research is necessary to effectively treat and prevent obesity.

Require Quality Physical Education with Minimum Standards in Schools – Require, through the implementation and enforcement of appropriate standards, that quality physical education is provided to all students as an integral part of K-12 education. Recommended minimum standards for elementary students is at least 150 minutes during each school week and at least 225 minutes per week for middle school students and that successfully meeting minimum standards in physical education is a requirement for high school graduation. Provide that states develop standards for student learning in physical education that reflect the National Standards and that physical education is delivered by certified/licensed physical education teachers. Monitor policies that establish fitness testing and assess student knowledge gain within quality physical education programs.

Support Physical Activity and Healthy Eating in the School Environment – Promote efforts within the school environment that will lead to increased physical activity and healthy eating. Require that quality health education is provided to all students as an integral part of K-12 education. Require physical activity, in addition to physical education, be incorporated into the school day. Require nutrition policies that are consistent with the beverage, snack, and reimbursable meal guidelines for the Healthy Schools Program. Support the creation and/or strengthening of school health councils, Coordinated School Health programs and wellness policies.

Support Physical Activity and Healthy Eating in the Community Environment – Promote efforts within the community environment that will lead to increased physical activity and healthy eating. Promote built environments that integrate physical activity into daily life. Provide increased access to healthy foods and provide safe routes to schools and school sites that offer walking/biking options for most students. Create and maintain a wellness environment in the workplace. Provide calorie information on menus and menu boards at point-of-purchase and the development and implementation of a consumer education campaign to help people “know their energy needs” for recommended daily calorie intake and food and beverage serving sizes. Reduce trans fats, through a phased-in approach, in packaged foods, baked goods, restaurant meals and school meal programs, provided healthy alternatives and practical guidance are taken into consideration.

TOBACCO CONTROL

Reduce tobacco use, particularly among children, and reduce exposure to secondhand smoke.

Increase Tobacco Excise Taxes – Support significant increases in tobacco excise taxes at all levels of government, including state, county or municipal. Seek opportunities to allocate revenues generated by increased tobacco excise taxes to tobacco control, prevention and cessation programs, and other heart disease and stroke related health initiatives..

Establish, Strengthen and Protect Smoke-Free Workplaces Laws – Promote and protect comprehensive smoke-free workplace laws at the state and local levels, in compliance with the Fundamentals of Smoke-free Workplace Laws guidelines. For states with preemption, work to remove preemption provisions and/or strengthen statewide smoke-free air laws.

Support Tobacco Control Prevention and Treatment Programs – Establish sustainable funding for state tobacco prevention and cessation programs to levels that meet or exceed Centers for Disease Control and Prevention recommendations. Tobacco control programs should be comprehensive in accordance with CDC recommendations, constructed intelligently, staffed appropriately and administered effectively with periodic evaluation.

FUNDING FOR HEART DISEASE AND STROKE RESEARCH & PREVENTION

Public funding for research and prevention efforts is essential to achieve our health impact goal of reducing heart disease, stroke and risk by 25% by 2010.

Promote Public Funding for Heart Disease and Stroke Prevention Programs– Secure and protect dedicated state appropriations for Heart Disease and Stroke Prevention Programs in state health departments. In those states without Heart Disease and Stroke Prevention Programs, secure the establishment of new programs, which have priorities

consistent with the priorities of the CDC's National Heart Disease and Stroke Prevention program, and secure dedicated state appropriations to support program implementation. Explore opportunities to generate and direct additional fiscal resources for these programs and initiatives and support efforts to leverage new and existing federal funds and grant opportunities to supplement these efforts. Support other public health initiatives and evaluation targeted at heart disease, stroke and related risk factors, and the disparities that exist in these areas.

QUALITY & AVAILABILITY OF CARE

All U.S. residents should have access to and coverage for appropriate and affordable quality care. This includes efforts to eliminate healthcare disparities, including racial and ethnic disparities.

Promote Quality Through Adherence to Clinical Guidelines & Treatment Protocols – Promote public policies that ensure quality health care through adherence to evidence-based guidelines and treatment protocols, including efforts to decrease health disparities and promote health equity. Focus on identifying opportunities to promote quality through the use of evidence-based performance measures in the delivery of care. Work to create an environment in which the translation of guidelines into practice can occur.

Promote Access to Health Coverage – Support policies that extend health coverage to all Americans. Work to ensure that health coverage is universal, continuous, high-quality, administratively simple, and affordable both to individuals and to society. Assure that efforts to expand access include coverage for evidence-based prevention, diagnosis and treatment of heart disease and stroke.

Promote Availability and Affordability of Preventive Health Benefits – Support policies that ensure the availability of essential cardiovascular disease preventive benefits in private insurance and public health programs that are consistent with the AHA position statement, "Recommended Model Benefits Package: Preventive Cardiovascular Services." Support policies that reduce and eliminate cost-sharing associated with these cardiovascular disease-related preventive services.

Expand Coverage for Pre-Existing Conditions - Explore targeted efforts and opportunities to address the barriers to access encountered by individuals with pre-existing conditions, including congenital heart defects.

Monitor Pay-for-quality and Non-financial Incentives – Identify and support policies that use sound scientific methods of performance measurement and analysis to align financial and non-financial incentives, including public reporting, in support of the provision of high quality health care – care that is safe, effective, patient-centered, timely, efficient and equitable. Monitor such policies for their use of both clinical and administrative data. Educate policy-makers to understand the strengths and weaknesses of each type of evidence.

Monitor Health Information Technology (HIT) - Promote legislation and/or regulation that may impact the development of HIT. Assure that HIT improves the quality of care and adherence to evidence-based guidelines. Promote policies that empower consumers to make informed decisions regarding the importance of owning, managing and the benefits of maintaining personal health records.

Monitor Drug Formulary Policy – Existing AHA policy recommendations support policies that promote open formularies that do not allow for therapeutic substitution. Every effort should be made to continue to monitor, evaluate and promote proposed public policies concerning drug formularies.

Monitor Disease Management Programs – Monitor legislation and/or regulation that establishes disease management programs in Medicaid and other public health insurance programs. Assure that programs improve care for enrollees with chronic disease, such as heart failure, and support prevention. Work to ensure that the disease management programs are patient centered and provider driven. This would include specialty providers when the disease to be managed falls largely within their care of the patient.'

Transparency of Health Insurance Benefits and Associated Costs – Support the issue of greater transparency as a means to empower the health care consumer as it relates to the business practices, product offering and claims history of health insurance companies. Encourage policies that increase transparency of the costs and insurance coverage and expand consumers' health care decision-making tools. Ensure that any quality of health care measures reported are valid, reliable and reinforce evidence-based treatment and guidelines.

ACUTE CARDIOVASCULAR CARE

A strong emergency response system is critical in saving the lives of victims of heart attack, cardiac arrest and stroke.

Support 9-1-1 and Emergency Medical Dispatch (EMD) – Support public policy initiatives and other activities that promote increased quality and appropriate use of 9-1-1 systems. This includes the ability of current and future generations of telecommunications technology to supply E-9-1-1 capabilities to their customers. Promote the use of nationally recognized emergency medical dispatch protocols and appropriate quality improvement programs among 9-1-1-dispatch agencies to assure that bystanders promptly receive effective CPR coaching and support efforts to train dispatch personnel to provide pre-arrival medical instructions.

Encourage Access and Use of Automated External Defibrillators (AEDs) – Champion public policy initiatives that promote the purchasing and placement of AEDs for first responders and targeted responders in high-risk locations. Remove obstacles for the purchase, placement, and usage of AEDs, including extending Good Samaritan law coverage to all AED users and program facilitators regardless of implementation of training or other program requirements.

Support the Establishment of Quality Community AED Programs – Assure that all public policy related to Community AED programs are consistent with the American Heart Association’s policy statements and guidelines. Assure that public policy regarding the placement of AEDs in schools incorporates training and medical emergency response plans in schools. Support efforts to appropriate funding to support the implementation of quality Community AED programs that follow AHA guidelines.

Promote CPR and AED Training for Both Professionals and Lay Rescuers as a Critical Part of the Chain of Survival – Support public policy initiatives that require CPR and AED training for licensure/certification of professionals that may need to respond to medical emergencies. Work to assure that AHA CPR and first aid training are recognized by licensing agencies that regulate professions that are required to have CPR and/or first aid training for licensure/certification. Support policies that encourage bystander CPR. Support CPR and AED training in schools with an emphasis on hands-on coursework.

Support Strong EMS Systems and EMS Triage and Transport Protocols – Support public policy initiatives and other activities that promote a strong, well trained, data driven, quality EMS system that improves collaboration, responsiveness, and effectiveness. Assess, establish, encourage and promote the use of, and training on, ACC/AHA guideline based EMS triage and transport protocols for acute MI and stroke patients to ensure access to timely and appropriate evidence-based treatments.

Establish STEMI Systems of Care - Through an integrated approach with the Mission: Lifeline initiative, promote efforts to create inclusive and coordinated statewide and regional systems of care to improve the treatment of STEMI patients by adhering to ACC/AHA guidelines and are consistent with Mission: Lifeline recommendations for criteria for STEMI systems of care. Support efforts that include encouraging EMS agencies to obtain or upgrade to effective 12-lead ECG field devices, including appropriations for training and equipment. Support public funding to advance the clinical decision support program ACTION Registry – Get With the Guidelines, and advocate that this program serve as the state registry data platform.

Development of Coordinated Stroke Systems of Care – Through an integrated approach with other AHA/ASA program activities, promote efforts to create inclusive and coordinated statewide systems of care to improve the treatment of the stroke patient. Work to ensure that the recognition, and the protection, of Primary Stroke Centers designation is based on Joint Commission certification or an equivalent process. Utilizing current AHA/ASA guidelines for stroke care, promote within EMSS statewide standardization and implementation of stroke training, assessment, treatment, and transportation protocols. Support the utilization of telemedicine, which is consistent with AHA science and policy statements, to help facilitate the links critical to establishing a meaningful system for stroke prevention, treatment, and rehabilitation. Support the removal of barriers for rehabilitation referral and rehabilitation treatment of stroke patients.

SURVEILLANCE

Establish comprehensive surveillance systems for heart disease, stroke and risk in order to monitor incidence and care and evaluate the impact of prevention and treatment efforts in the United States.

Pre-Hospital Data Collection – Strengthen and coordinate pre-hospital data collection, including supporting efforts to implement/expand EMS participation in NEMSIS. Support policies that coordinate the linkage of pre-hospital data to hospital level data. Support policies which improve data quality and increase provider participation.

Electronic Medical Records - Monitor the role that the development and implementation of electronic medical records, and related health information technology strategies, have in heart disease and stroke standardized data collection.

Stroke Registries - Promote the establishment and expansion of statewide registries that compile stroke incidence and care information and statistics that align with the stroke consensus metrics developed and approved by the AHA/ASA, CDC and Joint Commission. Through legislation, regulations and/or other appropriate means, advocate for Get with the Guidelines – Stroke as the state registry data platform. Support public funding to advance clinical decision support programs, such as Get With the Guidelines.

Heart Disease Registries - Promote the establishment and expansion of statewide registries that compile information and statistics on heart disease incidence and care. Support public funding to advance clinical decision support programs, which align with AHA evidence-based guidelines, data elements and definitions, and advocate that these programs serve as the state registry data platform.

HEALTH EQUITY

Ensure efforts to eliminate healthcare disparities, including racial, ethnic, and gender disparities, and improve health equity.

Offices of Minority and Multicultural Health – Support the creation of and sustain existing Offices of Minority Health (or Multicultural Health) and Offices of Health Equity in state health departments.

Promote Public Funding to Address Health Disparities and Improve Health Equity – Secure and protect public funding and state appropriations that support eliminating health disparities initiatives.

WISEWOMAN Funding – Secure state-level public funding for the WISEWOMAN (or like) programs, which provide low-income, underinsured, or uninsured 40-64 year old women with the knowledge, skills, and opportunities to improve their diet, physical activity, and other life habits to prevent, delay, or control cardiovascular and other chronic diseases.

Increase Awareness of Health Disparities – Support efforts to educate lawmakers through awareness activities related to the Go Red for Women movement, which is a national movement founded by the American Heart Association to help women fight back against the number one killer of American women. Support efforts to educate lawmakers through awareness activities related to the Power to End Stroke campaign, which is an educational and awareness campaign that embraces and celebrates the culture, energy, creativity and lifestyles of African Americans by uniting them to help make an impact on the high incidence of stroke within the community.

CHARITABLE GIVING & NON-PROFIT ISSUES

Ensure the continued societal contributions and viability of non-profit organizations by monitoring and as appropriate, influence legislative and regulatory efforts that attempt to restrict or prohibit charitable giving and other non-profit efforts and activities.

Charitable Giving Incentives – Promote and expand policies that help Americans give back to their communities. This includes support for state tax systems that encourage Americans to give back through tax deductions for contributions to tax-exempt charitable organizations. Promote policies that help students give back to their communities through public service and charitable giving in schools.

Charitable Tax Exemptions – Promote policies that preserve the favorable tax treatment of nonprofit organizations including exemptions from property tax, sales tax, and exemptions from other use taxes or fees provided under state and local laws.

Nonprofit Advocacy and Lobbying – Promote the right and a duty of nonprofits to be engaged in public debate on important public policy issues. Support the ability of nonprofits to encourage voter and citizen participation in elections.

Accountability and Oversight – Support policies that provide for transparency and accountability to ensure integrity and public trust in our nonprofit institutions.